



USSN: 09/990,762
Dkt. No.: 8325-1005.20
M5-US2

The fee is calculated as follows:

	NO. OF CLAIMS	CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	- 20	0	x \$18.00	\$0
Independent Claims	3	- 3	0	x \$86.00	\$0
Multiple dependent claims not previously presented, add \$290.00					\$0
Total Amendment Fee					\$0
Petition for Extension of Time Fee					\$0
Small Entity Reduction (if applicable)					\$0
TOTAL FEE DUE					\$0

RECEIVED

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. ^{FEB 10 2004}
§§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment to the
Deposit Account No. 18-1648. ^{TECH CENTER 1600/2900}

Respectfully submitted,

Date: February 3, 2004

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